

Transfer to pension

We can only accept your request if the form is correctly completed.

Important information

You should consider the Product Disclosure Statement before sending us your completed form.

A limit applies to the amount that can be transferred to the retirement phase to support superannuation income streams. The limit is known as the Transfer Balance Cap. There is a general transfer balance cap. However, you may have a personal transfer balance cap if you commenced a retirement phase pension prior to 1 July 2021. Penalties may apply if the cap is exceeded. Further information can be found at ato.gov.au or your account at my.gov.au

Before sending this form to us, please check that you have:

- consolidated all required money in your super account
- completed **all** relevant questions on this form and signed the declaration on **page 5**. All our forms are available at investinfo.com.au/premiumchoice
- if you're claiming a tax deduction, complete and attach the **Notice of intent to claim or vary a deduction for personal super contributions** form (this must be received before you transfer to a pension), and
- if you're under 60 years old, complete and attach the **Tax file number declaration** form.

You can only transfer an existing Super Service account to a new Pension Service account within the same product.

To select the **Core Investment List**, 100% of current investment holdings (Including pending sells), and portfolio facilities must be on the Core Investment List.

Your account details

1. Personal details

Existing account number (this is the account you're transferring from)

Date of birth (DD/MM/YYYY)

Account name

Contact telephone (business hours)

Email

2. Tax File Number (TFN)

or I'm not an Australian resident for tax purposes.

Your TFN is confidential, and the Trustee is authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act 1988. The Trustee may use your TFN only for lawful purposes, including paying out your money, identifying or combining your superannuation benefits. These purposes may change in the future as a result of changes to the law.

Your TFN will be disclosed to the ATO and may be disclosed to the trustee of another superannuation fund or RSA provider if your benefits are transferred, unless you request in writing for it not to be disclosed to any other super/RSA provider.

You do not have to provide your TFN, and it's not an offence if you don't, however we may reject your application or return your contributions or rollovers if your TFN is not provided. Generally, we will hold any contributions or rollovers we receive on trust for 14 days and contact you or your financial adviser to obtain your TFN. If we don't receive your TFN, we will then return the contributions or rollovers.

If you are under 60, you need to complete and send to us a Tax File Number Declaration. If we don't receive this form, we may be required to withhold tax at the top tax rate (plus the Medicare Levy) from your pension payments.

You should be aware that:

- if you have more than one pension account, the tax-free threshold can only be claimed on one pension account, and
- if you are claiming the Senior Australians Tax offset, you will need to complete a Withholding Declaration, available from ato.gov.au, and
- we will verify your TFN with the ATO.

Your pension details

3. Investment List

Please nominate which Investment List is to apply to your pension account:

Core Investment List; OR

Full Investment List

If no nomination is made, no changes will be made to your current Investment list.

To select the Core Investment List, 100% of current investment holdings (Including pending sells), and portfolio facilities must be on the Core Investment List.

4. I'm starting my new Pension Service account:

with 100% of my existing account (this will close your account and cancel any insurance cover). Go to **Question 8**.

with \$ from my existing account (minimum balance applies – refer to the relevant Product Disclosure Statement).

by leaving \$ in my existing account (minimum balance applies – refer to the relevant Product Disclosure Statement).

5. When transferring investments from my existing account:

transfer all investments leaving the balance in the Cash Account in my existing account.

transfer all investments proportionately.

transfer investments as specified in the table below:

Investment code (mandatory)	Investment name (optional)	Full balance	Dollar value	Percentage amount
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
		<input type="checkbox"/>	\$	%
N/A	Cash Account	<input type="checkbox"/>	\$	%

6. Specify the tax optimisation method to be used

First In First Out (FIFO)

Highest Cost First Out (HCFO) – not available for SMA Model Portfolios.

Your pension details continued

7. Do you want to specify the preservation components to be transferred to your new pension account?

No Go to next question

Yes Transfer the preservation components specified below:

Unrestricted non-preserved \$

Restricted non-preserved \$

Preserved \$

Where no nomination is made, we'll transfer from Unrestricted non-preserved first, then Restricted non-preserved and then Preserved funds.

8. Claiming a tax deduction

Before your balance is transferred to pension, do you want to claim a tax deduction on any personal contributions made to your super account in the current or previous financial year?

No Go to next question

Yes Complete the Notice of intent to claim or vary a deduction for personal super contributions form on page 11 and attach it to this form

9. Condition of release (You can choose only one option)

I declare that:

I'm starting a Transition to Retirement (TTR) pension (having reached my preservation age).

I'm permanently retired (having reached my preservation age) and don't intend to go back to work.

I'm aged 60 to 64 and have left the service of an employer since reaching the age of 60.

I'm aged 65 or over.

10. Nominate your financial institution account details where pension payments should be made

Name of financial institution

Name of account

BSB

Account number

11. Select the frequency of your pension payments

Fortnightly Monthly Quarterly Half-yearly Yearly

If you do not make a choice we'll assume **monthly**.

12. What annual income amount (before tax) do you want to receive? (You can choose only one option)

The minimum allowed amount. Please go to **Question 14**.

The maximum allowed amount (applies to a TTR pension only). Please go to **Question 14**.

A specified amount* \$ pa OR \$ per payment

* This must be within the required minimum and maximum (if applicable) limits. Where an annual specified amount is selected and we receive this request during the financial year, we'll pro rata your payments by dividing the annual specified amount by the frequency selected to determine a per payment amount. We'll adjust your specified amount to the minimum or maximum if it does not fall within the limits.

13. If you have selected a specified amount, do you want the amount increased each year?

No Go to next question

Yes Select the amount of annual increase % or CPI

14. When do you want your pension payments to start?

Preferred start date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If we are unable to meet this date, we'll use the next available date after we complete processing your application.

Your beneficiary nomination

15. Please select one of the following options below

Carry over my current nomination This will carry over the nomination on your account specified in **Question 1**.

Create a new beneficiary nomination I have provided a new nomination in the attached **Beneficiary nomination** form.

Create a reversionary nomination This nomination directs who your pension is to revert to in the event of your death. Complete the reversionary nomination details below.

Name of reversionary beneficiary Please print full name	Gender	Date of birth (DD/MM/YYYY)	Relationship to you Only the following options can be accepted	Portion of total benefit
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child* <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	100%

* If you're nominating a child as the beneficiary of a reversionary pension, the child must be under the age of 18, or between 18 and 25 and financially dependent upon you, or disabled at the time of your death to receive a reversionary pension. If the child is not disabled the pension must be taken as a lump sum at age 25.

The reversionary pensioner relationship indicated in the table above will need to exist at the date of your death to be valid. Any valid reversionary pensioner nomination will override a binding death benefit nomination.

Adviser Service Fee

16. Have you negotiated an advice fee with your financial adviser?

No Go to **Applicant declaration**

Yes You'll need to complete an **Adviser Service Fee** form.

Applicant declaration

Member acceptance

I have received and read the current Product Disclosure Statement (PDS).

I understand that if the Core Investment List has been selected on my target account, but an option outside the Core Investment List is held, I accept that I will pay the administration fees applicable to the full Investment List.

I apply to open a Pension account in my capacity as a member of the PremiumChoice Retirement Service (the Fund) on terms set out in the Trust Deed for the Fund and this application form. I agree to be bound by the Trust Deed (as amended, supplemented or replaced from time to time) in respect of any interest that I hold at any time in the Fund.

I am eligible to contribute to the Fund or have contributions made on my behalf. I acknowledge that it is my responsibility to be fully informed about any investment I consider for inclusion in my portfolio at all times. I am eligible to start a pension.

Applicant declaration

As far as I am aware, everything I have provided in this form is true and complete, and if there are any changes to this information in the future, I will advise the Trustee as soon as possible.

Offer within Australia

I understand that this offer is made in Australia in accordance with Australian laws and my account will be regulated by these laws.

Understanding investment risk

An investment in PremiumChoice Retirement Service is subject to investment risk including possible delays in repayment and loss of income and capital invested.

- I acknowledge and accept that where I have invested into an illiquid investment option or an investment option I have become illiquid, then the Trustee may take longer than 30 days to sell down my investment option.

Outliving your Pension

I understand that my investment is not guaranteed for life and I may outlive my retirement savings. When this account balance runs out, the pension payments will cease.

Investment strategy

I instruct the Trustee to transfer the investments held in my PremiumChoice Retirement Service account/s. In giving this instruction I have considered the information disclosed in the Investment Menu, all current PDS and other disclosure documents for each investment selected, and determined the investments are appropriate for me.

My financial adviser

I appoint my financial adviser to transact on my behalf, issue investment and corporate action instructions, obtain and receive information and reports about my account and investments.

I understand the Trustee may refuse to act on my financial adviser's instructions and requests for information. Any withdrawal requests payable to a third party must be provided by me. I understand that the Trustee may vary the terms of my financial adviser's appointment by giving prior notice to me.

I agree to release, discharge and indemnify the Trustee from and against any liabilities, costs or losses that may occur in connection with my financial adviser's appointment.

Beneficiary nomination

I've read and understood the information provided in the PDS.

I request the Trustee accept my beneficiary nomination. I understand I should review my nomination regularly, especially when my circumstances change (eg marriage, having children or any other life-changing event), to ensure my nomination is always up to date.

Statements

I agree to six monthly and annual statements and transaction confirmations being made available at investinfo.com.au/premiumchoice

Cooling-off

I understand that if this product does not suit me, I have 14 days after opening the account to advise the Trustee to close my account. For further information on cooling-off, please refer to the current PDS.

Notification of changes

I acknowledge and agree that without limitation, the Trustee may give me notice of any material change to a matter or significant event in respect of my account or interest in the Fund (an **Event Notice**) by either (in its discretion):

- sending the Event Notice to an email address as notified from time to time by me or my agent to the Trustee or its agent; or
- making the Event Notice available for free download (by me or my agent) at investinfo.com.au/premiumchoice

I acknowledge and agree that:

- the Trustee may provide me with PDS updates of information that is not materially adverse (**Non-Adverse Updates**) by making available such Non-Adverse Updates for free download by me or my agent at investinfo.com.au/premiumchoice; and
- I will not receive advance notice of Non-Adverse Updates and can obtain on request from the Trustee at no charge, a paper copy of any Non-Adverse Update.

Privacy

I acknowledge that I have access to the IOOF Group's Privacy Policy and agree that any member of the IOOF Group may collect, use, disclose and handle my personal information in a manner set out in the IOOF Group's Privacy Policy available at investinfo.com.au/premiumchoice

Signature of Applicant or Attorney

Name

X	Date (DD/MM/YYYY)							

If signed under Power of Attorney: Attorneys must attach a certified copy of the Power of Attorney and identification for themselves (go to investinfo.com.au/premiumchoice to download the relevant identification form) if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents can't be accepted by fax.

Send us your form

Please scan and email your completed, signed and dated form to us at premiumchoice@investinfo.com.au, fax to **03 9869 1595** or you can mail it to:

PremiumChoice Client Services
GPO Box 1610
MELBOURNE VIC 3001

If you have any questions, please speak with your financial adviser, call us on **1300 880 054** Monday to Friday between 8.00 am and 6.00 pm (AEST/AEDT) or visit investinfo.com.au/premiumchoice

This section is for financial adviser use only

Was Personal Advice provided for this transaction?

Yes No

If you don't answer this question we'll assume the answer is 'No'.

Financial adviser details

I declare that I've provided the client with the Product Disclosure Statement and agree:

- that my remuneration specified in this form is only for advice on my client's account and not for any other advice or service
- where the Adviser Service Fee is to be shared with other parties I have obtained and documented the client's clear authority and consent for this to take place
- to only provide instructions where my client has not withdrawn my authority to do so, and
- to review with my client the ongoing suitability of any investments I have recommended to my client.

Signature of financial adviser

Name of financial adviser

X	Date (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Financial adviser details

Name

Financial adviser code

Dealer Group

Contact number

Record of identification

Please complete the Record of identification below.

Applicant



ID Document Details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original	<input type="checkbox"/> Original
	<input type="checkbox"/> Certified copy	<input type="checkbox"/> Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Sighted	<input type="checkbox"/> Sighted

Third party



Please complete if payments are to be made to a third party bank account. If the account is in joint names, proof of identity is required for each account holder.

ID Document Details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original	<input type="checkbox"/> Original
	<input type="checkbox"/> Certified copy	<input type="checkbox"/> Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Sighted	<input type="checkbox"/> Sighted

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Tax file number declaration

Important information

This is **NOT** an application for a tax file number. To be signed by you, the PAYEE.

- Read all the instructions provided before you complete this declaration.

Your personal details

1. What is your tax file number (TFN)?

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Your TFN is confidential, and the Trustee is authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act 1988. The Trustee may use your TFN only for lawful purposes, including paying out your money, identifying or combining your superannuation benefits. These purposes may change in the future as a result of changes to the law.

Your TFN will be disclosed to the ATO and may be disclosed to the trustee of another superannuation fund or RSA provider if your benefits are transferred, unless you request in writing for it not to be disclosed to any other super/RSA provider.

You do not have to provide your TFN, and it's not an offence if you don't, however we may reject your application or return your contributions or rollovers if your TFN is not provided.

Generally, we will hold any contributions or rollovers we receive on trust for 14 days and contact you or your financial adviser to obtain your TFN. If we don't receive your TFN, we will then return the contributions or rollovers.

If you are under 60, you need to complete and send to us a Tax File Number Declaration. If we don't receive this form, we may be required to withhold tax at the top tax rate (plus the Medicare Levy) from your pension payments.

You should be aware that:

- if you have more than one pension account, the tax-free threshold can only be claimed on one pension account
- if you are claiming the seniors or pensioners tax offset, or the zone, overseas forces or invalid and invalid carer tax offset, you will need to complete a Withholding Declaration, available from the ATO at ato.gov.au and
- we will verify your TFN with the ATO

2. What is your name?

Title

Mr Mrs Miss Ms Other

First name

Middle name

Family name

3. If you have changed your name since you last dealt with the ATO, show your previous name details.

Title

Mr Mrs Miss Ms Other

First name

Middle name

Family name

4. What is your date of birth? (DD/MM/YYYY)

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5. What is your home address?

Your residential address can't be a PO Box.

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Your personal details continued

6. On what basis are you paid?

- Superannuation or annuity income stream
- Other
-

7. Are you an Australian resident for tax purposes?

- No **You must answer 'No' to Question 8 below**
- Yes **Go to the next question**
-

8. Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time unless your total income from all sources for the financial year will be less than the tax-free threshold.

- No **You must answer 'No' at Questions 9 and 10 below, unless you're a non-resident claiming a seniors and pensioners, zone or overseas forces tax offset**
- Yes **Go to the next question**
-

9. Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

- No **Go to the next question**
- Yes **Complete a Withholding declaration (NAT 3093) but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, please call the ATO on 1300 360 221.**
-

10. Do you want to claim a zone, overseas forces, dependent spouse or dependant (invalid and carer) tax offset by reducing the amount withheld from payments made to you?

- No **Go to the next question**
- Yes **Complete a Withholding declaration (NAT 3093)**
-

11. a) Do you have an accumulated Higher Education Loan Program (HELP) debt?

- No **Go to part b below**
- Yes **Your payer will withhold additional amounts to cover any compulsory repayments.**

b) Do you have an accumulated Financial Supplement debt?


- No **Complete the declaration below**
- Yes **Your payer will withhold additional amounts to cover any compulsory repayments**
-

Declaration by payee

I declare that the information I have given is true and complete.

Name

Signature

	Date (DD/MM/YYYY)							
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: There are penalties for deliberately making a false or misleading statement.

IN-CONFIDENCE (when completed)

Notice of intent to claim or vary a deduction for personal super contributions

If you want to change or make more than one claim, use a separate form each time.

1. Your personal details

Account number

Contact telephone (business hours)

Title

Mr Mrs Miss Ms Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

Postal address

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Super fund details

Fund name: PremiumChoice Retirement Service

Fund ABN: 70 479 285 132

2. Your contributions

Financial year ended 30 June

Your personal contributions to this fund in the above financial year

The amount of these personal contributions you will be claiming as a tax deduction

Note: The amount you intend to claim as a tax deduction cannot exceed the amount of personal contributions made to this fund in the above financial year.

Is this notice varying an earlier notice?

- No, complete section 3A.
 Yes, complete below and go to section 3B.

The amount of these personal contributions claimed in my original notice

Note: If you wish to increase the amount that you want to claim as a deduction, you can do so provided you are still within the time limits to lodge this notice of intent. However, you do not lodge a variation notice. Instead you must lodge a second notice specifying the **additional** amount you wish to claim and complete section 3A. For more information visit ato.gov.au

There may be limits to the amount you can claim as a result of withdrawals made during the financial year.

To authorise this notice please complete Section 3.

3. Your authorisation

Please wait until you receive our acknowledgement of receipt before you lodge your tax return. For more information about deductions for personal contributions, please speak with your tax adviser or visit ato.gov.au

In signing one of the declarations on this form you should be aware that penalties may apply for making false or misleading statements that do not result in a shortfall amount. This may include making false or misleading statements to an entity other than the ATO if the statement is required or allowed to be made under tax law, for example, a notice of intent to claim or vary a deduction for personal super contributions form given to a super fund.

Please complete and sign **one** of the below sections.

Section A

Intention to claim a tax deduction

If you haven't previously lodged a notice with the Fund for these contributions.



I declare that I am lodging this notice at the earlier of **either**:

- before the end of the day that I lodged my income tax return for the income year in which the personal contributions covered by this notice were made, **or**
- before the end of the income year following the year in which the contribution was made.

At the time of completing this notice:

- I intend to claim the personal contributions stated in Section 2 as a tax deduction
- I am a member of the PremiumChoice Retirement Service
- PremiumChoice Retirement Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions, and
- I have not included these contributions in an earlier valid notice.

I declare that the information given on this notice is correct and complete.

Name

Signature

X	Date (DD/MM/YY)			

OR

Section B

Variation of a previous valid deduction notice

If you've already lodged a valid notice with the Fund for these contributions and wish to **reduce** the amount.



I declare that I wish to vary my previous valid notice for these contributions by reducing the amount advised in my previous notice. I confirm that:

- I intend to claim the personal contributions stated in Section 2 as a tax deduction.
- I am a member of the PremiumChoice Retirement Service.
- PremiumChoice Retirement Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following income year, and this variation notice is being lodged before the end of the day on which the return was lodged, **or**
- I have not yet lodged my tax return for the year stated in Section 2 and this variation notice is being lodged on or before 30 June in the financial year following the year stated in Section 2, **or**
- the ATO has disallowed my claim for a deduction for the relevant year stated in Section 2 and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

I declare that the information given on this notice is correct and complete.

Name

Signature

X	Date (DD/MM/YY)			

4. Send us your form

Please scan and email your completed, signed and dated form to us at premiumchoice@investinfo.com.au, fax to **03 9869 1595** or you can mail it to:

PremiumChoice Client Services
GPO Box 1610
MELBOURNE VIC 3001

If you have any questions, please speak with your financial adviser, call us on **1300 880 054** Monday to Friday between 8.00 am and 6.00 pm (AEST/AEDT) or visit investinfo.com.au/premiumchoice